

**ROCKY MOUNTAIN BANKCARD SYSTEM I.M.P.A.C PROGRAM
CARDHOLDER STATEMENT OF QUESTIONED ITEM**

CARDHOLDER NAME (Please Print or Type)

ACCOUNT NUMBER

CARDHOLDER SIGNATURE

DATE

TELEPHONE NO.

The transaction in question is described below:

Transaction Date	Reference #	Merchant Name	Amount	Statement Date
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Please read carefully each of the following situations and check the **one** most appropriate to your particular dispute. If the statements below are not applicable, please send a letter of explanation regarding your dispute. Please, list all pertinent information and include your account number and signature.

1. **UNAUTHORIZED MAIL OR PHONE ORDER**

< > I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.

2. **DUPLICATE PROCESSING - THE DATE OF THE FIRST TRANSACTION WAS _____.**

< > The transaction listed above represents a multiple billing to my account. I only authorized **one** charge from this merchant for this account. My card was in my possession at all times.

3. **MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF \$ _____.**

< > My account has been charged for the above listed transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved. **(Please provide a separate statement detailing the merchant contact, and the expected date to receive merchandise.)**

< > My account has been charged for this above listed transaction. I have contacted this merchant on _____ (date) and canceled the order. **I will refuse delivery should the merchandise still be received.**

4. **MERCHANDISE RETURNED IN THE AMOUNT OF \$ _____.**

< > My account has been charged for the above listed transaction, but the merchandise has been returned for the following reason: _____

Enclosed is a copy of my postal or UPS receipt.

5. **CREDIT NOT RECEIVED**

< > I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. **A copy of the credit voucher is enclosed.** (Please provide a copy of this voucher with this correspondence.)

6. **ALTERATION OF AMOUNT**

< > The amount of this charge has been altered since the time of purchase. **Enclosed is a copy of my sales draft showing the amount for which I signed.** The difference of the amount is \$ _____.

7. **INADEQUATE DESCRIPTION/UNRECOGNIZED CHARGE**

< > I do not recognize this charge. Please supply a copy of the sales draft for my review. I understand that when a valid copy is sent to me, a Statement of Questioned Item form must be provided and will include the copy of the sales draft if a further dispute exists. If a copy cannot be obtained, a credit will appear in my account.

8. **SERVICES NOT RECEIVED**

< > I have been billed for this transaction, however, the merchant was unable to provide the services for the following reason(s): _____

< > Paid for by another means. My card number was used to secure this purchase, however, final payment was made by check, cash, or another credit card, or purchase order. (Enclosed is my receipt, canceled check, (front & back), copy of credit card statement, or applicable documentation.)

9. **NOT AS DESCRIBED**

< > Cardholder must specify what goods, services, or other things of value were received. The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must have attempted to return the merchandise and state so in his/her complaint.)

Send original to: DOC Bankcard Center, 1510 E. Bannister Rd., Rm PE122, Kansas City, MO 64131, with a copy of your statement. Send a copy of Questioned Item form with original statement to Finance payment office. If you have any questions please call the DOC Bankcard Center at 1-800-782-2233.